

**A Summer Study on the
Future of Particle Physics**

APS Snowmass 2001

June 30 – July 21, 2001 • Snowmass Village, Colorado

REGISTRATION FORM

- When **registering** complete the entire form.
- If paying registration fee by mail, print out the "**REGISTRATION FORM**", include it with your check made out to "**COMPLETE CONFERENCE COORDINATORS, INC.**", and mail them to the contact address listed below.
- If paying registration fee by credit card, print out the "**REGISTRATION FORM**", insert your credit card type, number, and expiration date, and mail (or fax) the form to the contact address listed below.

Last Name: _____

First Name: _____

Affiliation: _____

MAILING ADDRESS:

Department: _____

Mail Stop/Building: _____

Institution: _____

Street/P. O. Box: _____

City: _____ **State/Country:** _____ **Zipcode:** _____

Telephone: _____ **Telefax:** _____

E-Mail Address: (Example: sazama@fnal.gov) _____

REGISTRATION FEE: Please select one.

- ☐ \$425 Early Registration Fee if paid by May 23, 2001.
- ☐ \$500 Late Registration Fee if paid after May 23, 2001.
- ☐ Graduate Student Waived Fee

PAYMENT OPTIONS FOR REGISTRATION FEE: Please select one method of payment. All registration fees must be in U. S. dollars only. In the case of the budget code option, enter the budget code.

- ☐ **Registration fee sent by Mail.** Make checks payable to "**Complete Conference Coordinators**" and send to the contact address below.

- **Charge to Fermilab Budget Code** _____
(The registrant should obtain the necessary approvals prior to using any Fermilab budget code.)
- **Charge to Credit Card**
Type : _____ Number: _____
(Visa, Master Card, and American Express ONLY)
Expiration Date: _____ Card Owner Signature: _____
- **Bank Transfer:** Bank One, Columbus, NA; Columbus, OH 43271; Routing Number: 044000804; Account Number: 041132758203.
- Upon Arrival

REFUND POLICY: All requests for refunds/cancellations must be sent in writing to **“Complete Conference Coordinators.”** If received by June 13, 2001, the registration fee (less a \$20 processing charge) will be refunded. No refunds will be given for cancellations received after June 13, 2001.

WORKING GROUP PREFERENCE:

Please check those groups in which you are MOST LIKELY to participate.

ACCELERATOR WORKING GROUPS

- ☐ M1: Muon-Based Systems
- ☐ M2: Electron-Positron Circular Colliders
- ☐ M3: Linear Colliders
- ☐ M4: Hadron Colliders
- ☐ M5: Lepton-Hadron Colliders
- ☐ M6: High-Intensity Proton Sources

ACCELERATOR PHYSICS WORKING GROUPS

- ☐ T1: Interaction Regions
- ☐ T2: Magnet Technology
- ☐ T3: RF Technology
- ☐ T4: Particle Sources
- ☐ T5: Beam Dynamics
- ☐ T6: Environmental Control
- ☐ T7: High-Performance Computing
- ☐ T8: Advanced Acceleration Techniques
- ☐ T9: Diagnostics

PHYSICS ISSUES WORKING GROUPS

- ☐ P1: Electroweak Symmetry Breaking
- ☐ P2: Flavor Physics
- ☐ P3: Scales beyond 1 TeV
- ☐ P4: Astro/Cosmo/Particle Physics
- ☐ P5: QCD and Strong Interactions

ACCELERATOR APPROACHES WORKING GROUPS

- ☐ E1: Neutrino Factories and Muon Colliders
- ☐ E2: Electron-Positron Colliders below the Z

- ☐ E3: Linear Colliders
- ☐ E4: Hadron and Lepton-Hadron Colliders
- ☐ E5: Fixed-Target Experiments
- ☐ E6: Astro/Cosmo/Particle Experiments
- ☐ E7: Particle Physics and Technology

ACCOMPANYING PERSONS:

Please indicate those people who will be accompanying you who are not participating in the scientific program. Note: Completion of this portion of the form indicates your agreement to have this information published to other participants during the Summer Study.

Accompanying Adults:

First Name	Last Name
_____	_____
_____	_____

Accompanying Children:

First Name	Last Name	Age	Sex
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACCOMMODATIONS RESERVATIONS:

Please note that the rates shown do not include the 11.5% tax and civic assessment that is applied to all rooming bills.

Please check one option below: (Note that some properties require a two- or three-night minimum stay and that prices may vary depending on length of stay.)

First Choice:

_____ Hotel Room – Pokolodi Lodge – \$76/nt

_____ Hotel Room – Silvertree Hotel – \$120/nt

_____ Hotel Room – Stonebridge Inn – \$99/nt

_____ Hotel Room – Wildwood Lodge – \$95/nt

_____ Studio – Aspenwood Condo – \$78/nt

_____ Studio – Laurelwood Condo – \$90/nt

_____ Studio – Lichenhearth Condo – \$109/nt

_____ Studio – Timberline Condo – \$81/nt

_____ One Bedroom – Lichenhearth Condo – \$125/nt
_____ One Bedroom – Stonebridge Condo – \$142/nt
_____ One Bedroom – Timberline Condo – \$108/nt
_____ Two Bedroom – Interlude Condo – \$175/nt
_____ Two Bedroom – Tamarack Condo – \$126/nt
_____ Two Bedroom – Timberline Condo – \$139/nt
_____ Two Bed/Two Bath – Timberline Condo – \$146/nt
_____ Two Bed/Loft – Timberline Condo – \$159/nt
_____ Two Bedroom – Top of Village Condo – \$122-\$137/nt
_____ Three Bedroom – Top of Village Condo – \$147-\$154/nt
_____ Student Housing

Please enter the name of your second choice from above list.

Second Choice:

Arrival Date: _____ **Departure Date:** _____ **No. of Nights:** _____

Number of People in Party: Adults _____ Children _____ Children's Ages _____

Please enclose deposit equal to one-night's room rate with this form.

Charge deposit to my credit card:

Type: _____ **Number:** _____
(*Visa, Master Card, American Express only*)

Expiration Date: _____ **Card Owner Signature:** _____

CONTACT ADDRESS:

Complete Conference Coordinators

Suite 408

1280 Iroquois Avenue

Naperville, IL 60563

Fax: 630-416-3333

E-Mail: info@cccmeetings.com
